

P8000089439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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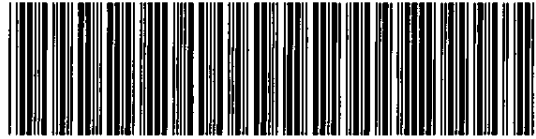
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-1-08
602

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: EARLY LEARNING ENDEAVOURS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SHARNYCK LOUIS
Name (Printed or typed)

4844 N. STATE RD 7 #305
Address

COCONUT CREEK FL 33073
City, State & Zip

954 695-1595
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

EARLY LEARNING ENDEAVOURS Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4844 N. STATE RD 7 #305
COCONUT CREEK, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide early childhood education and daycare services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

SHARNYCK A. LOUIS
4844 N. STATE RD 7 #305
COCONUT CREEK, FL 33073

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHARNYCK A. LOUIS
4844 N. STATE RD 7 #305
COCONUT CREEK, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARNYCK A. LOUIS
4844 N. STATE RD 7 #305
COCONUT CREEK, FL 33073

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Sharnyck Louis

Signature/Registered Agent

Sharnyck Louis

Signature/Incorporator

9/27/08

Date

9/27/08

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA